

HIRAETHOG RURAL DISTRICT COUNCIL.

Annual Report of the Medical Officer of Health for 1947.

*To the Chairman and Members of the
Hiraethog Rural District Council.*

Gentlemen,

I beg to submit my last report as M.O.H. of the upper area of the District—such statistics as are available for the whole District are included but the report deals mainly with the upper area with occasional comment covering the period of over twenty years during which it has been my privilege to serve as part time M.O.H. and general practitioner in the area.

General Statistics :

Area of District	93,079 acres
Population (last census).....	5,875
Estimated population (1947)	5,191
Inhabited houses (1947)	1,750
Rateable value of District	£29,340
Product of penny rate	£120

Vital Statistics (Whole District) :

	M	F	Total
Live Births	47	44	91
Legitimate	43	40	83
Illegitimate	4	4	8
Still Births		1	1
Legitimate		1	1
Deaths (all ages)	35	40	75
Infants under on year of age	1	6	7
Legitimate	1	6	7

These figures represent the following rates as compared with those of the District for 1946 and the General Rates for 1947.

1947 District Live Birth per 1,000 population.....	17.5
1946 do. do.	17.2
1947 General do. do.	20.5
1947 District Still Birth Rate do.19
1946 do. do.	NIL
1947 General do. do.5
1947 District Death Rate (Crude) do.	14.4
1946 do. do.	11.0
1947 General do. do.	12.0
1947 District Infantile Mortality per 1,000 Live Births	86
1946 do. do.	56
1947 General do. do.	41
1947 District do. do. Legitimate Births	96
1946 do. do. do. do.	59
1947 do. do. do. Illegitimate Births	NIL
1946 do. do. do. do.	NIL

The high rate of Infantile Mortality is disappointing and the deaths were due to prematurity (4) and congenital causes (3)—there was no death from enteritis in children under two years of age.

Deaths from infectious diseases were due to Influenza (2) Pneumonia (2) and Tuberculosis (2).

This year again as in many former years, it is pleasing to note that there was no death from puerperal causes.

An analysis of the 28 deaths which occurred in the upper area shows that 15 were in people over 70 years of age (6 over 80) and that the predominant causes were Cancer (12) and Cardiovascular Diseases (9).

Social Conditions :

Though the area remains primarily agricultural in character, there has been a gradual change over the years in the nature of the employment of an appreciable percentage of the male population—in spite of the betterment in wages and working conditions in agriculture, there has been a continued drift from farm work, the younger women finding occupations in the towns and the men changing over to public works, building, forestry and other skilled or unskilled work. Economic trends in modern agriculture and the loss of skilled younger men in the industry have lead to the gradual disappearance of the worker who by his skill and industry was

eventually able to take a small farm—their replacement by ex-P.O.W. labour does not compensate a rural community for the loss of a type of people who have in the past maintained and enriched the cultural life of countryside.

The demands of the last war and present economic circumstances of the country have hastened the mechanisation in agriculture and whilst no doubt such methods lessen physical efforts, they are a contributory cause to the change in the type of ailments and disabilities seen amongst agricultural workers.

A considerable proportion of the inhabitants of the western part of the area are engaged in forestry work—the Forestry Commission have taken over many of the farms and converted them into smallholdings.

The condition of these dwellings are on the whole satisfactory but it would be advisable to survey them periodically as some of them need additional amenities and repairs and such a procedure would safeguard the tenants. The work is arduous and exposed but on the whole the health of the workers is better than that of their agricultural colleagues.

Since 1939, the District has experienced three “invasions”—that caused by the evacuees was a considerable strain on public health administration—the other two were due to the advent of Italian and afterwards German prisoners of war who were housed at a small camp and billeted on farms. There appears to be another more insidious but permanent “invasion” developing through people from over the border buying up farms and cottages—the latter has led to the structural improvement of many unsatisfactory dwellings but caused a dearth of small cottages which could be made suitable for small families or retired people.

Our experience with evacuation, A.R.P. etc. problems showed only too clearly what could happen to a rural district with a comparatively small population when subjected to central control and direction—the frustration by officials of attempts to better conditions at the evacuee children's hostel and to provide facilities and amenities in the area has left an unhappy memory to mar the record of a district whose inhabitants on the whole did everything possible to help. Efforts made in the past to convince country people of the necessity for betterment of amenities through action by public authorities were not aided by their discovery of the condition—physical and cultural—of people coming from places which have always been held up as examples in public health, educational and other matters.

The sickness rate amongst German P.O.W. showed a marked decrease compared with the Italians. The local camp is now occupied as a Y.M.C.A. hostel by civilianised ex-German P.O.W. who have elected to stay in this country and there are Germans and a few Italians residing on the farms. These men are engaged on agricultural and drainage work and are entitled to all benefits from insurable employment—local agricultural needs appear to be met to a large extent by the employment of these men—what of the future ?

Latterly I have considered it my duty to draw attention to the standard of morality as this affects the happiness and well being of all people but would stress that this is not a problem which is peculiar to this rural area alone. The position in regard to venereal diseases has remained satisfactory for many years now but this is not so with regard to the number of illegitimate births and enforced marriages. The efforts of all who strive to tackle this social "cancer" deserve every support and encouragement and I would suggest that a great service would be rendered if a united effort could be made periodically by people of practical experience to get at the causes of this "disease".

Like other rural districts, our population is slowly but surely decreasing and one means of countering this trend is by continued pressure on central authorities to enable the Council to provide facilities and amenities within their power and to reduce to the minimum, interference from people who do not know the needs of the countryside.

It is now recognised that one of the causes of the depopulation of the rural areas has been the type of education and lack of educational facilities and in order to safeguard the future, it will be essential to ensure that not only are adequate primary and secondary schools erected within the District but also that a rural bias is given to the school curricula.

Long journeys to schools outside the District do not conduce to good physical health of the children, especially so in winter.

Health Services :

There was no change in the arrangements during the year—the District was still under dual M.O.H. control but at the beginning of 1948, it was possible through taking advantage of the Caernarvon United Districts Order 1947 to place the whole District under a single M.O.H. and fortunately it was possible to arrange for Dr. Pierce to take over as from April 1st, 1948 until such time as a permanent M.O.H. is appointed under the arrangements made under the new Health Act.

Unfortunately the County Health Authority did not carry out the provisions of the new Act by arranging for preliminary consultation before formulating proposals for carrying out services which in the past have been discharged by the Council. Consideration was given to the proposed schemes of the County Health Authority for "personal health services" and the proposals submitted were found inadequate with regard to certain provisions to meet the needs of the population of this District, having regard to the distances to be travelled and the lack under normal conditions of travelling facilities. It was considered that every effort should be made for these services to be brought within easy and reasonable reach of all inhabitants and the same standard of service afforded to rural as to urban districts. Representations were made to the Welsh Regional Hospital Board regarding the necessity for the immediate provision of a Maternity Hospital for West Denbighshire and support for this proposal has come from other Councils in the County.

The modifications suggested to the schemes were submitted but there is no undue optimism being entertained that material consideration will be given to them—as the Council will have representatives on the proposed District Committee which will administer these services, it will be possible to press for the amendments considered by them to be necessary.

The ambulance services provided and manned by volunteers under the St. John's Divisions throughout the District continue to function satisfactorily and no tribute can be too great for the efficient and willing services rendered by the personnel at all times of the day and night under all kinds of weather conditions. Valuable service to the community has also been given by the people who have taken the responsibility for the medical comforts depots in the area and it would be an advantage if this service could be augmented.

It is hoped that the situation regarding building will improve enough to allow for the provision in the near future of a suitable building in the upper area to provide a mortuary, storage space and central garage facilities for the various services.

Hospital, laboratory, clinic and health visiting services remained unchanged during the year and were as efficient as was possible under the circumstances. In this connection, it is of interest to note that as from July 5th, 1948, the Minister of Health will take over all the voluntary hospitals which serve the District—As all these hospitals are situated outside the District, our debt to the voluntary work performed in them for the inhabitants of this

District is indeed great and too much praise cannot be given to the unselfish and ready services rendered more often than not without corresponding financial support from the areas served so faithfully—no doubt now that the cost of running these hospitals will be a charge on the rates it will be realised the vast amount of work previously carried out voluntarily. The coming of the new order also ends the Denbigh Infirmary Benefit Society scheme, which has been loyally served by the Supervisor and many Collectors in this area on a voluntary basis—their untiring efforts not only ensured the financial stability of the Hospitals and the scheme but helped materially to remove the worry and fear of hospital and transport expenses.

Mr. G. R. Hughes acts as Sanitary Inspector full time also acting as Engineer and Surveyor. In addition there are one Assistant to the Surveyor, three workmen employed on maintenance and other work and one Clerk of Works engaged on supervising housing work—all are engaged full time and under the direction of Mr. Hughes.

Water Supplies and Sewerage :

A detailed report on these matters was submitted in the Report for 1945 and there has been no change of importance. Last year, mention was made of a water scheme from Llyn Conwy, which would have solved the major problems of the District—unfortunately progress with preparations has been hampered by the intervention of the County Health Authority with their decision to promote another scheme based on a source near Ysbyty Ifan. During the last 20 years there has been no major development in the upper area but conditions have been considerably improved in some parts of the lower area—although most of the villages have piped supplies and sewerage systems there is hardly one village which has attained a satisfactory standard in these matters—a normally dry summer causes shortage of supply in many of the villages and the drought experienced from August to November 1947 caused a serious shortage over the whole District, supplies having to be carried and distributed by lorry over a period of months. Absence or inadequacy of water supplies is the main difficulty with housing and also accounts for the lack of progress in sewerage developments, outline plans for which have been submitted for Eglwysbach, Pentrefoelas, Llangernyw, Gwytherin, Llanddoget, Pandy Tudur and Melnycoed. The branch water main to Cefnbrith was renewed during the year and five new drainage systems were put in during the year as a consequence of informal action with the respective owners.

Housing :

At the end of the year, work had been commenced at the Llangernyw site, the four houses at Pentrefoelas had been roofed, and those at Cerrig were very slowly nearing completion—progress had been hampered by sudden inexplicable shortage of materials for prolonged periods and the “chronic” state of affairs in regard to skilled labourers, both as regards numbers as well as industriousness.

Considerable repairs were completed to the houses owned by the Council and it is hoped that the new houses will not prove to be such a financial liability in the future.

The present housing programme does not satisfy even the pressing needs of the District and much requires to be done in the provision of new houses and radical improvement of many of the existing dwellings—houses condemned as unfit for habitation many years ago are still being occupied, no doubt their chief advantage being the low rentals. On the other hand, as the rentals of the new houses will of necessity be relatively high under present arrangements, care will have to be taken that the financial status of the families residing in them is not strained to such an extent as to lower the standard of living.

Future housing programme should include provision of bungalow type of houses for elderly people and any attempt to centralise houses with a view to the elimination of existing hamlets, now conveniently situated for agricultural workers should be resisted and adequate road and transport facilities for these hamlets be pressed for as an alternative.

Refuse Collection :

This is carried out once a fortnight throughout the District and includes the collection and disposal of night soil in some villages and hamlets—if only adequate water supplies were available, this obsolete and unsatisfactory procedure could be stopped.

Schools :

The last 20 years have been notable for the erection of a new Modern School at Pentrefoelas and the provision of mid-day meals for the school children. Apart from the four schools erected within recent years, all the Schools in the District are unsatisfactory as buildings wherein the children are compelled by law to spend an important part of their lives. It is hoped that

active opposition on health grounds will be offered to any attempt to patch up or adapt these obsolete structures at great cost and every encouragement given to the provision of a possibly smaller number of new schools erected at convenient points to serve an area and not necessarily individual Villages—the educational advantages under modern conditions of such a scheme must be obvious.

Food :

Milk. During the year 20 applications for registration as producers were received—improvements were asked for in most cases and no difficulties were experienced in getting the work carried out. Most of the milk is sold to creameries and there are 85 registered T.T. Producers and 5 Accredited Milk Producers within the District. There has been an improvement in the standard of cleanliness in this important industry but there is plenty of room for further improvement—whilst much can be accomplished by unremitting care to personal and animal hygiene, no radical change can be effected without the provision of a plentiful supply of wholesome water.

Meat. Supplies come from central abattoirs from outside the District and are unsatisfactory in quality as compared with that received before this method was adopted. The ordinary householder has to depend on imported or “graded” (and often stale) eggs whilst the local products are collected and sent away from the area.

Bread. There are 5 bakehouses in the District and these were found satisfactory on inspection periodically.

The traditional “popty mawr” is gradually becoming extinct, home-made oatcake, an increasingly rarity and whole buttermilk practically non-existent—leading to the disappearance of many of the traditional farm dishes. The substitution of the wholesome food by manufactured or processed foods is no doubt a contributory cause of the lack of stamina in the present as compared with the older generation.

Infectious Diseases :

During the year, there were a few cases of whooping cough and later measles amongst the junior children of one school—these minor epidemics remained localised. One case of infantile paralysis was notified—the patient was the only case removed to hospital and investigations resulted only in a suspected source of origin outside the area. Apart from the usual seasonal infections the area has been free from any major epidemic.

The position of the whole District in regard to diphtheria prophylaxis continued very satisfactory—over 99% of the school-children and 94% age group 1—5 years had been treated by the end of the year. There has been a marked improvement in the latter figure during the last three years due to the good work of the Health Visitors and School Medical Officer. The M. & C.W. Clinic at Cerrig is proving to be such a valuable and appreciated asset in this and associated types of medical work, that every effort should be made to provide similar facilities at other villages in the District. In June 1947, a circular was received from the Ministry of Health for the first time advocating “reinforcing” doses—over 600 children have received such treatment in the District since the suggestion was sanctioned by the Council some years ago. It can thus be confidently expected that it will not be many years now before other prophylactic treatments carried out in general practice will be available officially. After July 5th, 1948 this work will be taken over by the County Health Authority and the full records which have been made will be transferred together with a copy for each school. Diphtheria with its disabling and sometimes fatal consequences appears to be disappearing from the District—since the scheme was started 9 years ago, there have been cases of diphtheria in the upper area, but no efficiently immunised child has suffered from the disease and I desire again to gratefully report the valuable assistance received from Dr. McKendrick and the Clinic Staff and the willing co-operation and encouragement received from the Head Teachers of the schools. No claim is made that the risk of diphtheria infection has been finally eradicated and the only way to prevent infection is by maintaining a high level of immunity by repeated treatments—I am certain that this will be found to be facilitated in the future by the intelligent appreciation of the parents of the children.

Prevention, diagnosis and treatment of infectious and similar diseases are facilitated by the assistance given by the Public Health Laboratory at Conway which was established as a war emergency measure and is fortunately being retained permanently.

Notifiable Diseases (Upper Area) :

The following notifications were received during the year :—
Whooping Cough (5), Measles (10), Erysipelas (1), Pneumonia (1),
Infantile Paralysis (1), Deaths (Nil).

Age Group	Whooping Cough		Measles		Pneumonia		Erysipelas		Infantile Paralysis	
	M	F	M	F	M	F	M	F	M	F
0.....										
1.....			1							
3.....	2		2							
5.....		3	2	3						
10.....			1	1						
15.....										
25.....					1		1			1

Tuberculosis :

Two cases of Pulmonary Tuberculosis were notified during the year in the upper area—a male aged 42 and female aged 28—also one fatal case of non pulmonary Tuberculosis in a male aged 58 years.

Under the new arrangements, the Welsh National Memorial Association which in the past has been responsible for all tuberculosis work in the District, ceases to exist as a unit and its functions merged into the general hospital scheme. Whilst it is impossible to gauge the eventual effect of such a change in the future, one cannot but regret that it has been thought necessary to split up the Association, which has rendered such excellent service to Wales and its organisation emulated by other countries. This District is indebted to the Association and especially so to its area Physicians who have always been so willing to help.

I have to acknowledge with gratitude the co-operation of the Clerk and his Staff especially so during times of emergency.

This report would not be complete with a deserving high tribute to the efficient services of Mr. G. R. Hughes as Sanitary Inspector and Engineer who in spite of having to supervise routine work in a large scattered rural district, has been able to initiate and plan out many much needed improvements. His interest in the improvement of rural amenities, coupled with his wide practical experience, industry and pertinacity in the face of official restrictions and interference have been a great asset to the District.

Since my appointment as M.O.H. to the Uwchaled District in 1926 and subsequent appointment as M.O.H. for the upper area of Hiraethog there have been many changes in the Council and I desire to gratefully acknowledge the courtesy, co-operation and encouragement, which it has been my fortune to receive throughout the years.

IFOR H. DAVIES,

M.B., CH.B., S.B.ST.J.

July 1948.

